

The Fortnightly REVIEW *of*

THE CHICAGO DENTAL SOCIETY

October 15, 1952

Volume 24 • Number 8

President's Page

James H. Keith, D.M.D.

"What do we get for our 45 bucks, anyway?" is a question that comes up perennially in reference to the dues of the Chicago Dental Society. Obviously, the members who ask this question are those who have never participated in the Society activities, for a participant could hardly be unaware of the tremendous job that the Society does year after year and the benefits that accrue to its members. Of course, the questioner is in error in thinking that the \$45.00 that he pays in dues is kept by the Chicago Dental Society in its entirety, for \$10.00 of this amount is earmarked for the State Society and \$20.00 for the American Dental Association; the Chicago Dental Society, in the interest of efficiency and economy, acting merely as their collecting agent.

Just how the state and national organizations spend their money might well be the basis of a treatise in itself. At the moment, let us see where the \$15.00 goes that the Chicago Dental Society actually collects. \$2.50 of this is set aside as the subscription to the *FORTNIGHTLY REVIEW*. That leaves \$12.50 for such items as the running of the Central Office; the prorated allotment to the Branch Societies; the five monthly meetings, many of which bring in essayists

from distant points; the Standing Committees, such as: the Committee on Dental Health Education with its Program Director and staff, and, the Legislative and Law Enforcement Committee, whose activities are expanding so rapidly that, even as this is being written, candidates for the position of Program Director for this committee are being interviewed.

"But," someone asks, "what about the revenue from the Midwinter Meeting, doesn't that augment the dues?" The answer to that one is that over the years the Society has sought to build up an adequate reserve, one that would carry us through a full year if the Midwinter Meeting were to be cancelled because of a national emergency, (which actually happened during World War II). All these plans were going along nicely until the lawsuit was started. The costs of the suit must necessarily come out of the reserve fund; and the costs have been, and will continue to be, considerable.

"What do we get for our 45 bucks?" We get the assurance that every effort of our officers, our Board of Directors, our various committee chairmen and committee members and, last but by no means least, our Central Office Staff, will devote themselves to our interests quite "beyond the call of duty."

REGULAR MONTHLY MEETING

CHICAGO DENTAL SOCIETY

OCTOBER 21, 1952 8:00 p.m.

NORTH BALLROOM

CONRAD HILTON HOTEL

C. WAYLAND BROOKS,

former Republican Senator from Illinois
will address the meeting on current
political affairs and the Democratic
Party has been invited to provide a
speaker who will present its views.

Monthly Meeting Program Committee:

Chairman: George W. Hax
Vice-Chairman: Harold H. Hayes
Robert A. Atterbury
Lester W. Boyd
Henry W. Freitag
Marion B. Hopkins
Earl L. Hullison
R. E. Kadens
M. V. Kaminski
William H. Keehn
Donald E. Kellogg
Eli Olech
William E. Rusch
Carlisle Weiss
Seymour H. Yale

EDITORIAL

TRUMAN SPOUTS OFF AGAIN

Our famous President, the "Man of Letters," has done it again. Appearing before the 54th annual convention of the American Hospital Association in Philadelphia, Mr. Truman threw all his weight into an attack on Eisenhower's stand on socialized medicine. In what was described by the White House as a nonpolitical speech, the President used all of the political acumen that he possesses, not only to promulgate his distorted views of what medicine should be, but also to do his bit to help defeat the Republican nominee for the presidency.

It all started when Eisenhower came out with his views on socialized medicine. He was in opposition to the Truman compulsory medical program because it would destroy the high grade of medical service now practiced, and would only bring on an assembly line treatment of the sick. He believes in the voluntary insurance plan and the care of indigents under local supervision as it is now being practiced.

The President stated: "Personally I have always understood that the Constitution imposes upon the government of the United States a responsibility with respect to the general welfare of its citizens. And, certainly no one can pretend that good health is not a matter of first importance so far as the general welfare is concerned." However, the President did not continue this line of thought to its conclusion. He neglected to state that this nation was founded as a free country, with equal rights for all men whether a doctor or not, and all of us being subject to that which made us great, the law of supply and demand. The quality of medicine today is the result of our own imposed restrictions, not governmental. We have set up standards of education and practice that have been proven successful, have increased the life expectancy, and have opened up new fields in health never thought possible fifty years ago. Why then do we have to listen to a former haberdasher tell us our business and make plans for our future? The advances made in medicine will equal or surpass the advances made in any other form of human endeavor since the beginning of time. Our only failures have been motivated by socialistic governments and do-gooders with little knowledge of the past and present goals of medicine.

Mr. Truman did admit, however, that the country has the highest health standards in its history and mentioned the excellent medical research and declining death rates. "Contrary to what some of you may have been led to expect, I do not claim sole credit for these remarkable achievements." Since when can Mr. Truman claim *any* credit for what has happened in the health field—the next thing you know he will be trying to take credit for the creation of the world.

The medical professions, as well as all the people in the United States, can and should be thankful that Harry S. Truman is vacating the White House.

DURING ELECTION YEAR?

"And now, gentlemen," continued the congressman, "I wish to tax your memory."
"Good Lord," muttered a colleague, "Why haven't we thought of that before?"

Sloppy Copy from Oppy

RULES FROM "HOW TO STOP WORRYING AND START LIVING"

Fundamental Rules for Overcoming Worry

1. Live in "day-tight compartments."
2. How to face trouble:
 - a. Ask yourself, "What is the worst that can possibly happen?"
 - b. Prepare to accept the worst.
 - c. Try to improve on the worst.
3. Remind yourself of the exorbitant price you can pay for worry in terms of your health.

Basic Techniques in Analyzing Worry

1. Get all the facts.
2. Weigh all the facts—then come to a decision.
3. Once a decision is reached, act!
4. Write out and answer the following questions:
 - a. What is the problem?
 - b. What are the causes of the problem?
 - c. What are all possible solutions?
 - d. What is the best solution?

How to Break the Worry Habit Before It Breaks You

1. Keep busy.
2. Don't fuss about trifles.
3. Use the law of averages to outlaw your worries.
4. Co-operate with the inevitable.
5. Decide just how much anxiety a thing may be worth and refuse to give it more.
6. Don't worry about the past.

Seven Ways to Cultivate a Mental Attitude That Will Bring You Peace and Happiness

1. Fill your mind with thoughts of peace, courage, health and hope.
2. Never try to get even with your enemies.
3. Expect ingratitude.
4. Count your blessings—not your troubles.
5. Do not imitate others.
6. Try to profit from your losses.
7. Create happiness for others.

How to Keep from Worrying About Criticism

1. Remember that unjust criticism is often a disguised compliment.
2. Do the very best you can.
3. Analyze your own mistakes and criticize yourself.
4. Ask others for constructive criticism.

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Antibiotics in Oral Infections*

By Robert A. Atterbury, D.D.S., Oak Park, Illinois

[Dr. Robert A. Atterbury was graduated from the University of Illinois College of Dentistry, interned at Research and Educational Hospitals, completed a residency in oral surgery at the Nautilus Hospital, and served with the Army Medical Surgical Service Division. He is attending oral surgeon at the Bethany Hospital and also in attendance at Research and Educational Hospitals, Oak Park, and Westlake Hospitals.]

INTRODUCTION

The control of infection in the oral cavity and its adjacent structures has been greatly facilitated by the introduction of the antibiotics. Fortunately,



Dr. Atterbury

most of the bacteria which produce infections for which the dentist is responsible are susceptible to the action of penicillin, streptomycin, terramycin and chloromycin. It is well to know each antibiotic in detail, but space does not permit and thus only the relative merits of each agent as related to dental or oral infections will be discussed.

ANTIBIOTIC SELECTION

Work in this field is advancing so that an antibiotic of first choice today, may not be recommended at all a year from now. Nonetheless, it is essential that (1) an early and correct bacteriological diagnosis be made in an oral infection and then (2) the selection of a drug that is likely to be the most effective in the shortest period of time, i.e., select the most effective agent and administer it in full dosage for maximum efficiency.

In the selection of antibiotics, it is well

to recall that penicillin is the only antibiotic that is still being dispensed and prescribed in *units* rather than by weight. The standards of assay for this agent were developed with the impure and relatively crude material and before the pure crystalline product had been isolated. It is known for example that 1 gram of crystalline penicillin G is equivalent to 1.5 million units. Thus, when 300,000 units are prescribed once daily, only 0.2 gram or 200 mg. are administered.

The problem of selection is not an easy one and becomes more confusing as new antibiotics are introduced. However, each drug has its definite place in medical and dental therapy.

PENICILLIN

Penicillin is a highly potent anti-infectious agent derived from the mold *Penicillium notatum*. It is highly effective in the following infections: staphylococcal, hemolytic and anaerobic streptococcal, clostridial, pneumococcal, B. anthracis, erysipeloid, syphilitic, and fusospirochaetal. It is not effective in viral infections, gram-negative bacillary infections, most fungus diseases, tuberculosis, amebiasis and malaria. It has been stated by many clinicians that penicillin is still the antibiotic of choice in dentistry, and is one of the least toxic bacteriostatic and bacteriocidal therapeutic agents in the dental pharmacopeia. There is a tendency to endow penicillin with the attributes of a panacea because of these qualities. Penicillin in all forms is being

*Text of table clinic presented at the 1952 Midwinter Meeting of the Chicago Dental Society.

prescribed regardless of whether an organism is sensitive or resistant, gram-positive or gram-negative. The prevalent faulty reasoning among many is that since penicillin can do no harm and may do some good, it is good practice to give it anyway. The possible harm that this agent may do patients must also be considered.

Penicillin does remove sensitive oral bacteria allowing for an overgrowth of those resistant to it. Thus, an important phenomena of life is disturbed, i.e., antibiosis, with a resultant imbalance of the oral flora. The resistant forms are allowed to flourish and increase in the absence of those sensitive forms which aid in maintaining a balance. The overgrowth of penicillin resistant forms such as *Monilia* gives rise to moniliasis (thrush) of the oral cavity.¹ Yellow, brown and black furry tongues have become prevalent in continued penicillin therapy, depending upon the type of pigment producing organism which has overgrown. Later, the furry deposits disappear and the tongue is left beefy red, swollen and dry. The papillae become prominent and pain is the chief complaint with an accompanying altered sense of taste. The buccal mucous membrane is first covered with circumscribed coalesced areas of whitish exudate which slough off, leaving a moist bright red, painful base. These patches may become secondarily infected with serious complications. Woods² believes that the increasing monilia organisms attack the tissues which have a lowered resistance due to a riboflavin or B Complex deficiency. Indiscriminate use of penicillin is poor practice and the use of penicillin should be regarded as an adjunct to treatment rather than the treatment itself. These agents should not be considered as a substitute for other essential forms of treatment.

Troches in doses from 1000 to 5000 units are often prescribed for every lesion of the oral cavity. Indiscriminate use of these small doses may create a sensitivity in individuals and in addition a host of organisms which may become resistant to the influence of penicillin.

The recent literature reveals that there is a progressive increase in penicillin resistant strains of *Staphylococcus aureus*, one of the predominating organisms in oral infections. It has been reported in one study³ that 56 per cent of the 64 strains of coagulase-positive *Staphylococcus aureus* obtained from clinical material were found to be penicillin resistant. An editorial in the *New England Journal of Medicine*⁴ focuses attention on this problem and stated that healthy persons, and even newborn infants who have never received penicillin were found to have pathogenic strains of penicillin resistant staphylococci, more especially following contact with individuals who had been treated with the drug. This is illustrated by a mandibular osteomyelitis case not responding to penicillin, but with marked improvement soon after the administration of aureomycin.⁵

Aside from therapeutic efficiency and convenience, it should be stressed that oral penicillin causes few or no disagreeable side reactions and the incidence of hypersensitivity is less than when it is administered by parenteral routes. Innocuous as penicillin appears to be, side effects have been seen such as oral mucous membrane lesions ranging from superficial desquamation to ulcerations, exfoliative dermatitis, maculopapular rashes, nausea and vomiting.

Oral penicillin is effective when 200,000 to 400,000 units are given three times a day. Penicillin can be given by mouth for treatment of mild and moderately severe oral infections requiring much less, via this route, to produce positive effects than when any other antibiotic is used.⁶ It should be re-emphasized that penicillin alone is not a substitute for sound surgery. No drug alone can replace surgery in the presence of suppuration.

COMBINED ANTIBIOTIC THERAPY

Clinical and experimental evidence suggests that the use of combinations of antibiotics have synergistic or additive

antimicrobial activity. In addition, the combined use of at least two antibiotics with different antibacterial spectrums will diminish the danger of "superinfection." Penicillin and streptomycin combat mixed infections caused by gram-positive and gram-negative organisms by the sum of their separate and specific actions. Penicillin and streptomycin have been reported to be more potent when used in combination in the treatment of subacute bacterial endocarditis than when penicillin is employed alone.⁷

The use of an antibiotic and other chemotherapeutic agents has also been employed. Penicillin and sulfadiazine have at times proved to be an invaluable adjunct in the management of serious oral infections.⁸ This combination has been employed most extensively in the treatment of bacterial meningitis. Many mixed infections respond poorly to penicillin alone. Many strains of staphylococci are penicillin-resistant.⁹ Some patients cannot tolerate penicillin because of a hypersensitivity, a problem which perhaps may be solved by the introduction of Penicillin O, although this new product has not yet been fully investigated.¹⁰

The recorded literature is suggestive but not conclusive that combined antibiotic therapy is better; however, there is a need for further investigation before definite conclusions can be made relative to maximum dosage and most effective combinations.

CHLOROMYCIN

This antibiotic is produced by the soil mold *Streptomyces venezuelae*, but can also be prepared synthetically. It is similar to aureomycin in many respects including anti-infective activity and mode of administration. Chloromycin inhibits the growth of a wide range of gram-positive and gram-negative bacteria and viruses. Chloromycin is effective when administered orally, and therapeutic levels are present in the blood 30 minutes after ingestion.

STREPTOMYCIN

Streptomycin is derived from *Streptomyces griseus* and has been chiefly effective against certain gram-negative and acid-fast bacteria. The proper administration and supervision of this antibiotic entails hospitalization. The importance of maintaining effective levels to combat the drug fastness to which these organisms are subject and the prevention of irreversible deafness from the prolonged use, necessitates frequent checking of the plasma level.

An important use of streptomycin in dentistry is its prophylactic administration in patients having a history of rheumatic fever or some valvular heart disease, who have been found to have penicillin resistant organisms, or who are allergic to penicillin and other antibiotics.

There is some evidence which indicates that it is good practice to administer streptomycin for the possible prevention of subacute bacterial endocarditis in those patients allergic to penicillin or other antibiotics when undergoing any oral surgical procedure.

TERRAMYCIN

Terramycin is obtained from *Streptomyces rimosus* and shows a marked activity against gram-positive and gram-negative organisms. It is effective by both the oral and the parenteral routes. This antibiotic is rapidly becoming an accepted therapeutic agent in the treatment of a wide range of acute and chronic infections and will find a valuable place in dentistry. The dosage is the same as for aureomycin.

AUREOMYCIN

Aureomycin is produced by the mold *Streptomyces aureofaciens* and is beneficial in infections due to many gram-negative and gram-positive bacteria, as well as certain viruses. Jacobs¹¹ reported

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ABSTRACTS

POSTOPERATIVE COMPLICATIONS AND TREATMENT

Three postoperative complications that face the dentist on occasion, are hemorrhage, swelling and pain. Much postoperative hemorrhage can be prevented by taking a brief but complete history of the patient. If this shows any unusual condition, the physician should be called in for consultation. In the average patient, fear and apprehension may increase the pulse rate and blood pressure; this tends to bring about postoperative hemorrhage. It is then recommended that a sufficient dose of a barbiturate be taken thirty minutes before the operation. Correct surgical procedures also minimize the possibility of postoperative hemorrhage. Never permit a patient to leave with oozing from the wound. Absolute hemostasis should first be observed. Pressure should be applied by placing a folded 2x2 gauze sponge over the wound, held firmly by the opposing teeth for 10 minutes. Gelfoam is a chosen hemostatic agent. A pre-cut portion, larger than the socket or wound, is placed under the sponge after first thoroughly drying the wound. Gelfoam and thrombin are used when the bleeding is stubborn. If the patient has bleeding during the night when away from the dental office, a tea bag steeped in hot water and placed over the wound under the gauze sponge, and held firmly for about five minutes, will usually be effective.

In the case of swelling, the antibiotics should be used. It may be best to have a physician give the injection, in order to meet any possible emergencies that might arise for which the dental office is not equipped. A hot saline irrigation should be advised, and use of an ice pack.

Much postoperative pain can be controlled preoperatively. Where anesthesia

is used, avoid the use of large gauge blunt needles, overmanipulation of the needle, rapid injection which injures tissue by displacing it vigorously, the piercing of the internal pterygoid by faulty technique, and the laceration of the periosteum. Dry socket pain can be controlled by irrigating the socket with hot saline or hydrogen peroxide solution, a light curettage of the necrotic and broken down material, and the insertion of gelfoam of sufficient size and shape, lightly dipped in paramethylguaicol (Paremegal).

Giving the patient definite oral and written instructions also helps to prevent complications.—“*MANAGEMENT OF POST-OPERATIVE COMPLICATIONS OF OFFICE ORAL SURGERY*,” by Manuel M. Maslansky, D.D.S. *The New York Journal of Dentistry*, Aug.-Sept., 1952. O. C. L.

SYRINGE STERILIZATION

A questioner writes in to the *American Medical Journal* to ask if the practice of rinsing syringes and needles in acetone or ether is a satisfactory method of cold sterilization. The answer states that the risk of homologous serum jaundice precludes the use of any chemical agent for disinfection. Immersion in boiling water for 15 minutes, or dry heat sterilization for an hour at 165°C (329°F) is the recommended procedure for disinfecting previously cleaned lancets, needles, and syringes.—*The Journal of the American Medical Association*, Dec. 2-5, 1952.

O. C. L.

CONDENSATION OF AMALGAM

Improper condensing of amalgam is one of the common causes of marginal failure, and often a recurrence of caries

(Continued on page 28)

NEWS AND ANNOUNCEMENTS

NO MEETING IN DECEMBER

There will be no regular meeting of the Chicago Dental Society in December of 1952. The Monthly Meeting Program Committee considered the December meeting to be so chronically lacking in attendance that the expense of time and effort to stage it was wasted. The proximity to the Holidays with their attendant demands upon time and attention of our members accounts largely for the habitual apathy that renders this change in routine advisable. The thought of the Committee on this matter was presented to the Board of Directors by George W. Hax, Chairman of the Committee, and the Board concurred in the opinion of the Committee and formally scratched the meeting from the schedule.

The regular meeting of the Board of Directors will take place on the 16th, the prescribed date in December. No lack of interest there!

NORTHWESTERN OFFERS SHORT POSTGRADUATE COURSES

Three short postgraduate courses have been scheduled at Northwestern University Dental School for interested practitioners. The first one is in Radiology and will be a full-time all day course from November 10 to 14. It will include instruction in radiographic technic and diagnosis. The second course in Minor Oral Surgery will begin on January 5 and continue full-time daily for five weeks. The course in Periodontia, scheduled for February 16-20, will be an intensive study of the new developments in this field. Registration in all of these courses is definitely limited.

For information regarding registration address the Dean, Northwestern University Dental School, 311 E. Chicago Avenue, Chicago 11, Illinois.

VARIED NOTES

An interesting bit of research carried out by the Central Office Staff on the mornings of October 1, 2 and so forth shows beyond any reasonable doubt that there are 292 steps from the street level of Michigan Avenue up to the 14th floor offices of the Society. It also shows beyond any doubt whatsoever that elevators are handy things—provided they are running. Our special award of great regard and a bottle of Sloan's Liniment goes to Dr. Boles Gobby who climbed all fourteen stories on October first to talk over plans for the Health and Educational Exhibit of which he is the Chairman. We hope a goodly number of people will further reward Dr. Gobby's diligence by taking the elevators to the third floor in the Conrad Hilton to look at his exhibit during the Midwinter Meeting.

Speaking of doing a good job which, incidentally and to use the words of Florian Slappey, is "one of the fondest things we is of," make a mental note that our Legislative and Law Enforcement Committee is really pouring on the coal in their campaign against the advertising laboratories. Chairman Bill Gubbins has had the full cooperation of his cohorts in a long series of meetings this summer and the resulting blueprint for action and the definite yardage gained to date are impressive. Look for a lot of dope on the laboratory fight in an early issue of the Review.

A major change in the status quo at the Conrad Hilton will provide us with a lot of new exhibit space at the Midwinter Meeting. Mr. H has his boys rooting out the counters and stuff in the Coffee Shop and that whole area will now be a part of the Exhibit Hall for our commercial exhibitors. Our Secretary, Sam Kleiman, spent a good share of his time at the A.D.A. meeting in St. Louis

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contacting prospective exhibitors for this additional space. Current plans call for installing some counter space in the Oak Room Grill to take up part of the old Coffee Shop traffic, the drugstore at the south end of the hotel has been enlarged and for the time being the hotel is serving luncheon in the Boulevard Room.

Reservations requests for rooms at the Midwinter Meeting are coming in by the pailful at the Central Office so if you think you'd like to live at the Conrad Hilton during the meeting write in about it right away or even sooner.

Speaking of research, we ran across a sharp item the other day, one that will add that indefinable soupcon of elegance to anybody's festive board. It's a jelly (the kind you put on bread) flavored with Old Forester! It's really good. For detailed information on where to locate this delicacy simply send a stamped, self-addressed postal card and a case of bourbon to the Household Hints Editor, this magazine.

OUR APOLOGIES!

In the listing of committee members in the September 15 issue of the **FORT-NIGHTLY REVIEW**, the name of Willard R. Johnson was omitted from the General Clinic Division of the Midwinter Meeting.

LOCAL DRAFT BOARDS ORDERED TO LIMIT CALLS FOR PRIORITY III DENTISTS

Selective Service recently issued orders to all local draft boards directing that Priority III dentists who were 36 years of age on or before October 1 are not to be called for active duty with the armed forces under present draft calls.

Until this new order was issued, an undetermined number of Priority III dentists between the ages of 36 and 45 faced immediate induction under the October draft call for 200 dentists.

Any call to report for induction already issued by local boards to Priority III dentists over 35 is to be cancelled at once, it has been learned.

A.D.A. RELIEF FUND CAMPAIGN (1952-1953)

The annual campaign for contributions to the A.D.A. Relief Fund is scheduled to begin on October 20th when the Relief Fund seals will be mailed to all members of the American Dental Association. Once again the quota has been set as \$100,000 and it is hoped that this drive, for the first time in history, will "go over the top."

A new record was set by the contributions of last year when the total reached \$94,204.56. Some societies doubled, or even tripled their quota. Unfortunately, Illinois reached only 90% of its quota with a total contribution of \$6,976.00. This year the quota for the State of Illinois has been set at \$7,570.00 and we hope that the members in this state will see fit to contribute at least their share.

The Council on Relief wishes to extend its sincere thanks and appreciation to all dentists everywhere who have supported the Relief Fund in the past, and hope that they will continue to do so now.

Keep your "weather eye" out for the Relief Stamps on October 20th—send in your contribution as soon as you get them for if you file them away for future reference, the Relief Fund will probably miss your help.

UNIVERSITY OF ILLINOIS

Dr. Isaac Schour was installed as a fellow in the American College of Dentists at St. Louis, Mo., during the week of Sept. 6. The meeting of that organization was one which was held in collaboration with the annual meeting of the American Dental Association. University of Illinois faculty members who attended the A. D. A. meeting were Drs. Robert G. Kesel, Saul Levy, W. W. Wainwright, and Isaac Schour.

Dr. Isaac Schour served as executive director of the Annual Midwest seminar. The 1952 program was attended by numerous faculty of the University of

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LETTER TO THE EDITOR

2719 Walnut Avenue
Evanston, Ill.
August 3, 1952

To the Editor:

As a dental teacher for many years, I should like to express my commendation of the "seminar" method of undergraduate teaching introduced recently by the University of Illinois College of Dentistry and described by you in an editorial July 15, 1952. The essential features of this method, as I understand it, are 1) that a topic of dentistry is worked up by the student, 2) that the instructor acts merely as an adviser, and 3) that the student presents the results of his study to a section of his class for discussion.

Seminar courses of this sort were introduced into the senior year's instruction at Northwestern University Dental School in the year 1919, and were under my supervision, as reported in *Proceedings of the Twenty-eighth Annual Meeting of the American Institute of Dental Teachers*, 1921, p. 69-77. At Northwestern the seminar courses have been modified in various ways since that time without changing the fundamental idea.

Among these changes have been substituting a student chairman for the instructor at the presentation of seminar papers, sharing the advisory function between myself and teachers in the clinical and basic science departments, and recently, assigning subjects to students in the junior year so that they may be able to do some original work on their problems in addition to reporting the literature.

References to these courses have appeared from time to time in the literature, and they have been regularly listed in the announcement bulletins of Northwestern University Dental School to date. The seminar courses are so new, you say, that Dean Brodie is unable "to make any definite statement as to their eventual success or failure." As a teacher who has played a part in the conduct of seminar courses for thirty years, until my retirement in 1949, I can assure the Dean and you that the seminar method is well worth while as a means of teaching dentistry to undergraduates.

Respectfully,

(signed) George B. Denton

* * *

The power of the American people to accept or reject its political leadership places an equal responsibility on every individual eligible voter to use that power wisely. While people may disagree with the wisdom of what is being done and has been done in political, social and economic affairs, the record shows all too convincingly that many are indifferent to this responsibility, so their use of this power is not thoroughly effective.

Because we have unbounded faith in an alert and enlightened public which chooses to fully use its power, we believe it is time for all of us to take this pledge, especially since the future course of business enterprise in this country might well depend on the outcome of the November elections.

I will take the time to study the qualifications of the candidates for office.

I will vote in the November elections.

NEWS OF THE BRANCHES

SOUTH SUBURBAN

Now that we have had our first meeting and have the ball rolling again, we are convinced that there will be a very nice turnout for the meetings for the rest of the year. I'm sure that the arrangements committee will be happy to hear any comments you would like to make regarding a meeting place for us. . . . We have word that Leonard Holt's daughter has enrolled in the Dental Hygienists' School at Northwestern. I guess the profession has an attraction for the female part of the Holt family as well as the male. . . . Wonder of wonders, Harold Drummond really broke down and let loose with enough of the green folding stuff to completely refurnish and redecorate his office. . . . We have just heard of the death of the father of W. J. Sadler, and I am sure that all of you would like to join me in extending our sympathies. . . . Also in the way of less pleasant news—the daughter of E. A. Rhind of Homewood just recently underwent surgery at the Mayo Clinic for the removal of an eye. . . . Last but not least, we heard that Pete Iagmin was incapacitated by some intestinal ailment while attending the convention down St. Louis way. They say that that is the aftermath of drinking too much of the Mississippi River water. . . . In Lansing, things are looking up. S. C. Wallace recently purchased a summer cottage up in Michigan. . . . Just got word that Brookstra is recovering nicely from a bout with the pneumococcus breed. . . . On October 18, at Olympia, there will be a joint meeting of the dentists, physicians and pharmacists of our area to hear Mr. Mcvey, congressman of our district, speak on legislation up before the House on socialized medicine and other allied political topics, and all of you civic minded men are strongly urged to attend.—*H. C. Gornstein, Branch Correspondent.*

WEST SIDE

The A.D.A. meeting was without a word of doubt the most interesting and educational meeting of its kind anywhere throughout the world. The attendance was very close to 10,000. Ideal warm weather helped to make the golf enthusiasts more encouraged to participate. . . . The Loyola Dental Alumni Breakfast at the A.D.A. was a huge success with 20 States represented and one member from Japan. Many of our West Side boys attended, namely: Walt Kelly, William Sutchter, Earl Boulger, Sam Kleiman, Jerry Casey, Thomas Burns, James Dillon. Dr. Clarence O. Simpson, internationally-known authority on Dental Radiology and professor Emeritus at Washington University, was guest-of-honor and gave a short speech. Dean Baralt gave a short talk on the Loyola Dental school activities and some future plans for postgraduate courses in dentistry; as usual, our brilliant and capable Dean did a splendid job. . . . Leo Cahill seemed very busy at the A.D.A. meeting and could not participate in the golf tournament. Better luck next time, Leo. . . . Stanley Sherman, Nathan Addis and Max Chubin are opening offices in Lincoln Village Center. Good luck and may your business prosper. . . . The officers and members of the West Side Branch of the Chicago Dental Society extend their deepest sympathy to the family of our deceased member, Dr. George W. Parrilli. . . . Remember a little kindness to your patient goes a long way, as in the case of William Sutchter, who was in the will of the deceased George Starkel, Sr. This could not happen to a person with more kindness than Bill Sutchter. . . . Carl Madda won the Arcolian Golf Championship this year for the second straight year. Congratulations, Champion. . . . Please send your news contribution to Sam Kleiman, 2348 N. Western Ave. . . . Hoping you are enjoying

the beautiful autumn weather and best of luck.—*Joseph F. Porto, Branch Correspondent.*

ENGLEWOOD

Englewood's first meeting this Fall will be a difficult one to surpass. Attendance and interest were high, and the topic certainly was of interest to all. I haven't seen a better show on TV. The panel, consisted of Dr. Blayney of The Zoller Clinic of U. of C.; Dr. Lewis, Regional Director in charge of the Chicago office of the U. S. Public Health Service; Mr. E. T. Stephens, Program Director of the Chicago Dental Society's Committee on Dental Health Education; and Moderator Joseph Weinmann of the University of Illinois. Each man spoke of his own personal experience in the field of fluoridation. Dr. Blayney's comprehensive review and historical background were excellent. Dr. Lewis' practical experience added tremendously to the discussion. E. T. Stephens discussed the background of U.S.P.H.S., A.D.A., and C.D.S. in relation to fluoridation of water. We were pretty well sold on the idea, until we heard a discourse by our own Al Jason, who took the starch out of the panel and its moderator by his scholarly discussion of the biochemical interpretation of the fluorides. Well, now we know that fluoridization has its proponents as well as its opponents. I'll stick to rice, oatmeal, sugar, protein, and soups for my fluoride intake. . . . Come out to the next meeting. Bob Straub, our program chairman, has prepared a good program. Balint Orban will discuss "Occlusion in Periodontia in General Practice." . . . Ted Lindholm, our past president and now Councilman to Illinois Dental Society, gave a report on the A.D.A. Convention held in St. Louis last month. . . . *Charity*—Kiwanis Peanut Day found many of our members selling peanuts on street corners. Matt Deplewski, Otto Wagner, and Walt Raczynski are the ones I know of who helped in this cause. No

doubt every Kiwanian, who is a member, did his part in the gathering of funds for Chicago's Underprivileged Children's Fund. . . . *Personals*—Marion Hopkins, bow and arrow man, leaves on October 1st for his annual deer hunt to the Allegan Forest in Michigan. . . . Joe Buckley, new daddy of a baby girl. . . . Ben Jostes, gone fishing to Canada. . . . W. A. Rowan engaged to be married. . . . Sympathy to Ted Malmberg, whose Dad passed away. . . . Julius Dziubak cracked a coke bottle in the christening of his new babe, a 12-foot, English-made sailboat. . . . Passing thought—any day now, some of us will be getting invitations to farewell parties for the men under 51, who haven't served in the Armed Forces of the United States.—*M. F. Kostrubala, Assistant Branch Correspondent.*

WEST SUBURBAN

Word reaches us that Wally Ladwig of Elmhurst was re-appointed for his third term as the dentist member of the DuPage County Board of Health. As one on the board of directors, he finds the work and knowledge of all phases of public health most interesting. Among some of the accomplishments are the establishment of ordinances for pure milk and water, better garbage disposal and approved methods of well-drilling. The program for food and restaurant inspection is to be emulated. Wally reports of the rapid growth of this County, noting that many farms are now communities. Congratulations, Wally—you've elevated yourself and your profession by being a real leader in the community. . . . Bill and Mrs. Serritella have returned after a two-week vacation. Starting from Springfield, Ill., they travelled to St. Louis and attended the American Dental Ass'n. Scientific sessions—meeting numerous West Suburban members. Excelsior Springs, Missouri looked good and they remained there a week, resting and lolling in mineral baths. . . . Ship Ahoy! Lt. Bill Starek is now aboard the repair ship *Kermit Roosevelt* at home port in San

Diego, California where he arrived after a tour of duty in Japan. Bill's family has joined him and the hospitality of Southern California is most welcome. Keep writing to us, Bill. We like hearing from you. . . . Ed Firmsin in hip boots, with rod and reel, has traipsed up to Northern Canada to do some trout fishing . . . he promises to take colored movies (Exhibit A) of the ones that didn't get away. . . . Milo Lunak fresh from the Wisconsin Northwest Dental Seminar at Keego Lodge on Big Lake near Boulder Junction, Wisconsin. The program was sponsored by the Northwestern University Dental Study Club of Wisconsin. . . . Adams as chief chef, presided over the barbecue stands at Washington PTA, Villa Park—the annual outdoor carnival. Proceeds have been used to purchase kitchen equipment in the school's new addition. . . . It would be a nice gesture if a few of us would send a get well card or note to Alfred H. Kratky who has been ill since June. Jot it down now—his address is 804 Harrison, Oak Park. . . . Here's a note of country freshness from L. R. Pasquini of Itasca “. . . the best place to practice is in your own home—a small town with country living can't be beat.” . . . Round Table Chairman Bob McDonald off for a week of fishing in the Wisconsin northwoods.—*Anthony J. Malone, Branch Correspondent.*

KENWOOD-HYDE PARK

The next meeting of Kenwood will be held at the Sherry Hotel, 53rd and the Lake, on Tuesday, Nov. the 4th. Dinner will be served at seven and the meeting will start at eight. The essayist of the evening will be Dr. Arthur Elfenbaum, Chief Examiner of Admissions Clinic, at the University of Illinois. He also teaches Diagnosis and X-Ray Interpretation. The title of his presentation is “Diagnosis—The Key to Practice Management.” Dr. Elfenbaum is thoroughly qualified to present this most interesting subject. Following his lecture, Dr. Elfenbaum

will present a table clinic on, “Clinical Photography for the Dentist.” Dr. J. Gaevertz, of Hammond, Indiana, will also present a table clinic on “Extension Cone (Right Angle) Technique as Aid to More Accurate Diagnosis.” This promises to be a very fine meeting, so mark your appointment book and plan to be present. . . . Another one of our Kenwood boys, Laurence Mullineux, is moving his office out to Hinsdale. . . . Good luck, Mullie. . . . We are a little late with this report, but Denise Mary arrived to brighten the Howard Harvey home on July the eighth. Mother and daughter are both doing fine. . . . Congratulations—Howard. . . . Lester Boyd and his family were down in the Smokies enjoying the scenery. . . . Received a card from Mark Reardon. He and his family had quite an extended tour of the Southland. They visited Nashville, Mobile, New Orleans, Natchez and Memphis. . . . Clarence Davies is up at Rice Lake to put the cottage in shape for the winter and get in a little fishing. . . . A. M. and Mrs. Bressler are off on another tour, this time to the Ozarks. . . . Congratulations are in order to Ralph Libberton. He recently was named to the Executive Council of the American Denture Society. . . . O.K. We will be looking forward to seeing you at the Nov. Meeting. . . . And another thing, don't forget to vote.—*Harry Hartley, Branch Correspondent.*

NORTHWEST SIDE

Hi, everyone. Believe me I'll be glad when the meetings start next week. News should be flowing. . . . H. Sarton has a new deduction and what a deduction, an eight and one-half pound boy, Stuart Randall. . . . The proud papa was re-elected president of the Mylist Park Lot Owners at Slocum Lake. . . . Waldemar Link is going to Grand Rapids, Michigan to give a lecture to the dental society on the Amalgam Problem in Dentistry. Haven't seen him since I left school and

(Continued on page 24)

SLOPPY COPY FROM OPPY

(Continued from page 8)

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 - b. Do things in the order of their importance.
 - c. When you face a problem, solve it then and there if you have the facts necessary to make a decision.
 - d. Learn to organize, deputize, and supervise.
5. Put enthusiasm into your work.
6. Don't worry about insomnia.

* * *

A couple, expecting their first child, didn't get to the hospital quickly enough and the baby was born on the hospital lawn. The itemized bill was finally received and the husband objected strenuously to the item: "Delivery Room, \$25." He returned the bill for revision. In due time it was returned with the item revised to read: "Greens Fee \$25."



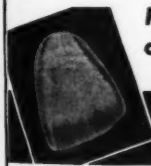
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NEWS AND ANNOUNCEMENTS

(Continued from page 14)

Illinois College of Dentistry, including Drs. Allan G. Brodie, Arthur Elfenbaum, Robert G. Kesel, and Edward C. Wach.

Dr. Joseph P. Weinman appeared on the program of a postgraduate course in "Periodontia" for Veterans Administration dentists at Hines Hospital on Oct. 8. He spoke on "Biology and Pathology of the Supporting Tissues." From Oct. 17-21, Dr. Weinmann will be a resident consultant to the Armed Forces Institute of Pathology, Washington, D. C., where he will discuss "The Spread of Inflammation in Periodontitis" and "Pathologic changes in Periodontosis." He will lecture before the Southwestern Society of Orthodontists at San Antonio, Tex., on "Factors of Bone Resorption and Formation" and "Functional Adaptation of Bone" on Oct. 27-28.—*Charles G. Maurice, Correspondent.*

APPLICANTS

(Continued from page 19)

RAYMOND, JR., GEORGE J. (Loyola 1952)
North Suburban, 845 Chicago Ave., Evanston. Endorsed by James N. Lynch and Paul Wilcox.

SCHUBERT, ROBERT E. (U. of Ill. 1952)
Northwest Side, 4407 Milwaukee Ave. Endorsed by Jerome J. Krueger and Henry J. Wieland.

WALDSCHMIDT, FREDERICK G. (N.U.D.S. 1951)
South Suburban, 19 E. 155th St., Harvey. Endorsed by Henry O. Cubbon and Clarence E. Simon.

NEWS OF THE BRANCHES

(Continued from page 18)

yet our offices are just two blocks apart. The Links have three little ones and the fourth will arrive in December. . . . By information from the F.B.I., Bob Placek was investigated by the Mounted Police while visiting with Earl Boulger in Canada. It seems Bob was flying his kite and they thought it was a communist. . . . Hugo Chott was married on October 4. . . . Called Joe Maggio—said all is well . . . he and his family took short trips during the summer, has plans to spend Christmas in Florida. . . . Roy Allegrètti also heard from me; oh, just a gentle tap for news. He was down to Springfield to the State Fair, visited the Governor's Mansion, Lincoln's Tomb, and Salem Park. . . . Jack Heinz is still wondering what to do, in or out of the Navy. . . . Our deepest sympathy to the Desenis family on the passing of Neil Desenis. . . . See you when I get back from a short flight to Louisville, Ky. for a few days. Going to visit with Florence Khedroo, a resident in orthopedics. She is the daughter of K. Khedroo, a member of the North Side Branch.—*Sonny Litturi, Branch Correspondent.*

NORTH SUBURBAN

Football time is here again and many of our North Shore confreres may be found within the confines of Dyche Stadium these Saturday afternoons. Jim

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Plants, however, will be out at the E. T. H. S. field rooting for son, "Young Jim," who fills a conspicuous role in the line-up of the No. Suburban Champs. As a side-line, "Old" Jim, (the FORTNIGHTLY REVIEW does not assume responsibility for remarks contained herein) is manufacturing rubber dental splints similar to those worn by boxers. As a matter of fact, Bill Bradford, the garrulous wire-bender of H. P., is doing the same thing even though his son won't be wearing the crimson of Haavaad for another 18 years. Bill spaded around in someone's cluttered lab and came up with a vulcanizer, a scarce item in the armamentarium of present day dentists, in order to do his own processing. . . . Another football item concerns our own Clarence F. Stearns, who will be the honored speaker at the Dad's Day festivities at the Wisconsin State College, La Crosse, Wis., this week. His son, Bob, is majoring in Physical Education up there. . . . Another son has wielded his influence (bolstered by the local Chamber of Commerce) over one of our members of long-standing and as a result Bill and Mrs. Rusch are pulling up stakes on the North Shore and are moving out to settle in the So. Los Angeles, California area only fifteen miles from son Fred, an old buddy of ours, who is practicing dentistry in Anaheim. Bill has turned over his practice to D. Maurice Woodlock, formerly of the Pittsfield Bldg. We wish you and Mrs. Rusch many happy years in sunny Calif. Bill, and welcome your successor to our

midst. Be sure to see that he is transferred to No. Suburban and gets his dinner ticket. . . . Another Evanston loss is Chuck Mercier who has taken over the practice of R. B. Mundell in Winnetka. . . . Dean Charles W. Freeman's son, Bob, and Art Freeman's brother, Bob—the same individual, who has been combining Pedodontia and Orthodontia out in Denver, Colo., has been called back into service by the Navy and transferred to the Air Force. He is at San Antonio, Texas, and is slated for duty in Trieste. . . . Bob Wing up in Waukegan had an ad in the FORTNIGHTLY a few issues back, looking for someone to take over his practice while he responds to a recall from the Navy. At one time during the past conflict, Bob had the office next door to us at Great Lakes and we had occasion to do some operative work for him. P.S. He is still wearing our restoration—some stuff. (Brrrh, Uncle Sam's finger is pointing closer and closer.) . . . Another military item—Captain Paul Wells and Captain William De Wolf; commanding officer and executive officer respectively of Naval Reserve Dental Unit 9-6, Evanston, are looking for Reserve Dental officers to fill billets in that organization. Meetings are held usually on Friday nights at the armory adjacent to the Central St. "El" Station in Evanston. . . . Final summer items:—Scotty and Stevie, O. E. Scott and L. V. Stephenson, that is, won a "best ball" affair at Westmoreland. . . . Jay Welborn's veddy,

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veddy wife won the Women's Championship at Sunset Ridge. . . . Jim Plants, that is "Old" Jim Plants and Bob Fleming and their wives spent a late summer week-end somewhere up around Park Falls, Wisconsin. . . . An unfortunate soul up in the Park Falls Hospital is Peggy "Postels" Breakwell, George Postels' right hand, who with her husband and folks, was in a serious auto accident on Labor Day. All four of them are still confined there. . . . Hal Schelhas was seen at the Western Amateur Championship at Ex-moor where he is a member. He wasn't alone. . . . The Conley, Ryan, Thorsen trio, fortified by Onkle Z. Shafer, Dick Lee and a few others, partook of a seminar at Max Welton's Braes up at Door County recently. Nice, eh? . . . Hal Chason is itchin' to go fishin', but can't make that break right now. . . . Bob Black is deep in work for the Lake County Dental Society's fall season. That is a very interesting, active group open to dentists living or practicing in Lake County. . . . By the time this gets to you, the first North Suburban meeting of the year will be over. Do hope you were there. The next one will be Nov. 12th, in conjunction with our annual clinic day. How about blocking out that day in your appointment book right now. The place, in case you didn't know, is the Georgian Hotel. . . . That's all—oops, one more small item: Dr. and Mrs. Robert B. Jans proudly announce the arrival, September 15th, of Megan Cecile Jans. . . . That is all—for now.—*Robert B. Jans, Branch Correspondent.*

ANTIBIOTICS IN ORAL INFECTIONS

(Continued from page 11)

that certain oral infections respond with excellent results following the use of aureomycin.

The adult administration of aureomycin is simple. It is given orally in 250 mg. doses every six hours with a glass of milk. In its present more purified form, gastric irritations, nausea, vomiting and diarrhea occur rarely, and when they do, any alkali taken with the drug may eliminate these reactions. When necessary, sterile preparations of aureomycin may be given intravenously, slowly. Since intra-muscular injection is quite painful, other routes of administration are preferable.

VITAMIN ABSORPTION AND THE ANTIBIOTICS

There is the opinion current that the oral administration of aureomycin and terramycin affects the normal growth of the bacteria in the intestine, and that it is advisable to replace factors of the B Complex supplied by these bacteria with an oral B Complex supplement, in all patients receiving 2 grams or more of aureomycin or terramycin per day for five or more days. The oral administration of aureomycin is frequently followed by mucous membrane lesions such as fissuring of the angles of the mouth, vaginitis and inflammation of the rectum, indicative of B Complex defi-

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ciency. It has been established that in certain patients these lesions are produced by, or become infected with yeast-like organisms, of which *Monilia* are the commonest.² Thus, when these lesions appear following administration of the drugs, one should establish whether these lesions are due originally to a *Monilia* infection or to a vitamin deficiency with a superimposed infection. In any event, it appears to be good practice to prescribe an oral B Complex supplement for all patients who receive more than 2 grams of these drugs per day for five days. In some instances, it may be wise to begin B Complex supplement intake prior to the intake of either drug in an attempt to saturate the tissues with the vitamin. Since many patients receiving these doses of the antibiotics are nauseated and do not eat well, it is possible that the transitory B Complex deficiency in these persons stems from this cause. Parenteral or intravenous administration of the B Complex group is not indicated unless the patient has been very ill or his vitamin intake has been deficient prior to treatment.

SUMMARY

The present status of chemotherapeutic agents and antibiotics in dental and oral infections resolves into a choice of sulfadiazine, penicillin, streptomycin, aureomycin and terramycin. There is an increasing tendency among clinicians to employ the antibiotics with one or more of the sulfa drugs or with another antibiotic for its synergistic and additive effects. The present evidence indicates that combined therapy is better than penicillin alone.

It is essential that an early and correct bacteriological diagnosis be established and a selection of the antibiotic be made that is likely to be most effective in the shortest period of time.

The use of troches should be discouraged, unless adequate parenteral or oral doses are given with the troches. It appears to be good practice to prescribe the recommended requirements of

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vitamins (especially the B Complex group) as a supplement to dietary vitamins, to all patients who are receiving 2 grams or more of aureomycin or terramycin per day for a period of five days or more. The current trend of thought relative to dosage, frequency and method of administration depends on the individual case with emphasis on maximum medication especially in the management of severe oral infections. Chemotherapeutic and antibiotic therapy alone is not a substitute for sound surgery.

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ABSTRACTS

(Continued from page 12)

is found around old amalgam fillings because of this breakdown. Tooth discoloration also results from leaking margins, and improper and nonuniform packing is frequently the cause of pitted amalgam fillings. The most nearly perfect condensation seems to be achieved by the use of a consistently dry mix from start to finish, with all excess mercury removed from the amalgam during the packing procedure. The packing is accomplished with small pluggers using a heavy ten-pound thrust, with the restoration overpacked to excess with large instruments using a rocking motion before carving the margins flush. If the condensing requires over three minutes, multiple mixes should be used. There is little difference between smooth and serrated-faced condensers and the automatic pluggers offer no advantage over hand packing, except as a possible convenience.—"THE PRINCIPLES OF CONDENSATION OF AMALGAM," by John H. Mosteller, D.D.S. The Journal of the Tennessee State Dental Association, July, 1952. O. C. L.



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